

Project SERV

Application-Directions



Fiscal Year 2002

Application Project Period: September 11, 2001 – August 31, 2002

New Jersey Department of Education
Project SERV
Grant Application
Fiscal Year 2002

DIRECTIONS FOR COMPLETING THE TITLE PAGE

LEA:	Enter the name of the LEA.
County Name:	Enter the name of the county where the LEA is located.
Project Code:	Enter the four-digit district code.
Chief School Administrator:	Enter the name of the chief school administrator.
Phone:	Enter the phone number of the chief school administrator.
Fax:	Enter the fax number for the chief school administrator.
Contact Person:	Enter the name of the contact person for this grant.
Phone:	Enter the phone number of the contact person.
Fax:	Enter the fax number of the contact person.
Address:	Enter the address of the LEA.
E-mail:	Enter the e-mail address for the contact person.
Total Amount Requested:	Enter the total amount of funds requested.
Level of Impact:	Check all that apply: <ul style="list-style-type: none">• Loss of family member(s) of school staff or students due to the attacks on 9/11/01 or the subsequent rescue and recovery effort.• Eyewitness to the actual attacks on 9/11/01.• Direct exposure to the aftermath of the attacks, including rescue and recovery attempts.• Other (specify)
Assurances and Certification:	Type the name of the chief school administrator and the chief school administrator signs and dates the assurances.

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DIRECTIONS FOR COMPLETING THE SERVICE PLAN

- ♦ Enter the LEA and county name. Enter the four-digit LEA code.
- ♦ Duplicate this page as necessary to provide a complete explanation of each type of service for the Service Plan. Number items in the target population and activities columns to be referenced on the Budget Detail page on the Justification column.
- ♦ Check (✓) the type of service that will be described on each page:
 - **Mental Health** - assessments, referrals and services related to traumatic events with the goal of restoring victims/survivors to their pre-incident levels of functioning.
 - **Overtime of Teachers** - counselors, law enforcement and security officers and other staff.
 - **Substitute Teachers** - and other staff, as necessary.
 - **Emergency Transportation**
 - **Technical Assistance** - developing an appropriate response to crisis.
 - **Transportation and Other Costs** - to operate school at an alternate site, *e.g.*, leasing of space to substitute for damaged building(s).
 - **Temporary Security** - measures such as nonpermanent metal detectors and additional security guards and security cameras.
 - **Hate Crimes** - development of curricula and training in response to events triggered by the traumatic events of September 11, 2001.
 - **Other** - services as necessary (excluding unallowable activities)
- ♦ **Target Population:** Identify the target population and describe the Level of Impact.
- ♦ **Activities:** List the activities that have been or will be implemented to achieve the objectives.
- ♦ **Time Period:** Indicate the time period in which the activities have been or will be provided. Indicate with a check (✓) if the activity has already occurred.
- ♦ **Private Schools:** Include specific information (*e.g.*, name of private school, target population, type of activities) of the services for private school students and staff.

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DIRECTIONS FOR COMPLETING THE BUDGET SUMMARY

NOTE: Refer to the “Quick Reference of Commonly Requested Costs” as a reference, Appendix J of the FY 2002 IASA/CSR Guidelines, for specific instructions regarding classification of expenditures within category headings. Use whole numbers only.

- ◆ Enter the LEA name and county name. Enter the four-digit project code.
- ◆ Indicate the amount budgeted in each of the expenditure categories for the activities supported through this project by funding source. The budgeted amounts in each category on the Budget Summary must match the totals for the expenditure categories by funding source itemized on the Budget Detail.
- ◆ Enter the total project expenditures.
- ◆ The LEA - Business Administrator signature and date is required.
- ◆ **Accounting:** Project SERV funds are restricted and should be coded to revenue source code 4480-“Other Special Federal Projects” using a unique program code within the range 450-469-“Other Federal Projects.”

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DIRECTIONS FOR COMPLETING THE BUDGET DETAIL

- ◆ Enter the LEA and county name. Enter the four-digit LEA code.
- ◆ **Function & Object Code:** List the function and object codes in the same order as they appear on the Budget Summary. Duplicate this page as necessary to provide a complete explanation of each function and object code. The GAAP codes must be used. The total of each function/object code must equal the amount indicated on the Budget Summary.
- ◆ **Description/Itemization:** List/describe the item(s) to be funded in each category. Each item budgeted must be related to the type of service as follows: mental health, overtime of staff, substitute teachers, emergency transportation, technical assistance, transportation and other costs, temporary security and hate crimes with the activity described on detail in the Program Plan page(s).
- ◆ **Itemized Budget:** Indicate the amount budgeted for each item.
- ◆ **Justification:** Reference the appropriate number/codes for the target population/activities from the Service Plan of the application for each budget item.
- ◆ The LEA – Business Administrator signature and date is required.